



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 15-01721-382

Combined Assessment Program Summary Report

Evaluation of Selected Requirements in Veterans Health Administration Community Living Centers

June 24, 2015

Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:

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Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections completed an evaluation of selected requirements in Veterans Health Administration community living centers. The purpose of the evaluation was to determine whether facilities complied with selected restorative nursing and dining requirements to assist community living center residents in maintaining their optimal level of functioning, independence, and dignity.

We performed this evaluation in conjunction with 47 Combined Assessment Program reviews conducted from October 1, 2013, through September 30, 2014. We noted high compliance in many areas, including provision of assistive eating devices to residents during meals, dining atmosphere, and honoring residents' preferences.

To improve operations, we recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that:

- For residents who may be candidates for restorative nursing services, the interdisciplinary team documents the reason the resident is not receiving the services or other activities to promote functional status.
- For residents receiving or supposed to receive restorative nursing services, the interdisciplinary team documents goals in their care plans.
- Nursing employees provide and document restorative nursing services in accordance with the care plan, and if they do not provide the services, they document the reason.
- Employees complete required restorative summary notes and that the Associate Chief Nurse or designee monitors compliance.
- For residents not progressing toward restorative goals, the interdisciplinary team reassesses the resident care plan and/or adjusts goals and interventions as necessary.
- Physical Medicine and Rehabilitation therapists discharging residents from therapy document hand-off communication with nursing employees to ensure interventions continue or are discontinued, as applicable.
- Facility managers provide and document nursing employee training on range of motion and transfers.

Comments

The Interim Under Secretary for Health concurred with the findings and recommendations. (See Appendix A, pages 8–15, for the full text of the comments.) The implementation plans are acceptable, and we will follow up until all actions are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections completed an evaluation of selected requirements in Veterans Health Administration (VHA) community living centers. The purpose of the evaluation was to determine whether facilities complied with selected restorative nursing and dining requirements to assist community living center residents in maintaining their optimal level of functioning, independence, and dignity.

Background

Restorative nursing services (RNS) help residents achieve and maintain self-care activities and attain optimal levels of functioning and independence through a program of rehabilitative, restorative, and maintenance interventions. VHA provides RNS for short- and long-term residents, as needed.

Resident Assessment Instrument. The Resident Assessment Instrument (RAI) consists of three components: (1) the Minimum Data Set (MDS), (2) the Care Area Assessment (CAA) process, and (3) the RAI Utilization Guidelines.¹ Use of these components yields information about a resident's functional status and preferences and provides guidance on further assessment for any identified problems.

MDS. A core set of screening, clinical, and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment for all residents.

CAA Process. This process assists the assessor to systematically interpret the information recorded on the MDS. Care areas are structured, problem-oriented frameworks for organizing the MDS information and examining additional clinically relevant information about a resident. Each of the 20 problem-oriented care areas includes MDS-based "trigger" conditions for residents who have or are at risk for developing functional conditions that require further assessment. The CAA Summary contains documentation of the triggered care areas and the decisions made during the CAA process regarding whether to proceed to care planning.

Care Plan Development and Implementation. The facility must develop a comprehensive care plan that includes measurable objectives and timetables to meet a resident's identified medical, nursing, mental, and psychosocial needs.² The care plan includes services that are to be provided to attain or maintain the resident's optimal physical, mental, and psychosocial well-being.

The Associate Chief Nurse provides oversight of the RAI and care plan development processes. An interdisciplinary team of professionals assesses, plans, implements, and

¹ The RAI Utilization Guidelines provide instructions for when and how to use the RAI.

² Centers for Medicare and Medicaid Services. *MDS 3.0 RAI Manual*. May 2013: Chapter 4: CAA Process and Care Planning.

evaluates a plan of care that is individualized and outcome oriented. At a minimum, for an interdisciplinary team to meet for the purposes of care and treatment planning, a medical provider, nurse, dietitian, social worker, and therapeutic recreation member must attend. Trained nursing employees, such as nursing assistants and licensed nursing staff, implement care plan interventions to achieve resident goals.

Dining and Assistive Eating Devices. VHA policy includes specific requirements for dining service in community living centers.³ The community living center dining environment should encourage socialization and enhance the dining experience for residents. Assistive eating devices support resident independence and allow the resident to dine with dignity. Use of these devices may lead to improved meal intake and nutritional status.

The Joint Commission (JC) requires that residents receive restorative services and adaptive self-help devices when needed.

Scope and Methodology

We performed this evaluation in conjunction with 47 Combined Assessment Program reviews conducted from October 1, 2013, through September 30, 2014. The facilities we visited were a stratified random sample of all VHA facilities and represented a mix of facility size, affiliation, geographic location, and Veterans Integrated Service Networks. OIG generated an individual Combined Assessment Program report for each facility. For this report, we summarized the data collected from the individual facility Combined Assessment Program reviews.

We reviewed facility RNS policies and other applicable documents, including 393 electronic health records (EHRs) of residents reported to be receiving one or more of the following RNS:

- Passive range of motion (ROM)
- Active ROM
- Bed mobility
- Transfer
- Walking

We refer to these residents as Group 1 in the report.

We identified a second group of residents for EHR review. These residents were not receiving RNS at the time of our initial facility inquiry, had been in the community living center for more than 6 weeks, and had one of the following primary diagnoses:

- History of cerebrovascular accident
- Parkinson's disease
- Multiple sclerosis

³ VHA Handbook 1142.01, *Criteria and Standards for VA Community Living Centers (CLC)*, August 13, 2008.

- Alzheimer's disease or dementia
- Amyotrophic lateral sclerosis

From this list, we identified whether the selected residents had one or more functional deficits listed on the Centers for Medicare and Medicaid Services (CMS) Roster/Sample Matrix form (CMS-802)⁴ report in the following categories:

- Bedfast
- Activities of daily living decline/concern
- ROM/contracture/positioning

Given these factors, an additional 189 residents appeared to be potential candidates for RNS. We refer to these residents as Group 2 in the report.

We reviewed 360 nursing employee training and competency records. Additionally, we completed 118 meal observations to assess the provision of 526 assistive eating devices care planned for residents and other selected meal and dining service requirements related to independence and dignity. The resident samples and training and competency records within each facility were not probability samples and thus do not represent the entire population of that facility. Therefore, the summary results presented in this report are not generalizable to the entire VHA.

Inspectors conducted the reviews in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

⁴ The facility generates the CMS-802 report, which includes all current residents and their pertinent care categories.

Inspection Results

We noted high compliance in many areas, including provision of assistive eating devices to residents during meals, timeliness of tray setup, dining atmosphere, and honoring resident preference. However, we identified opportunities for improvement in four areas.

Issue 1: Residents Not Receiving RNS

CMS requires documentation of the CAA process to assure continuity of care and to identify changes in a resident's condition. Clinicians must assess each triggered care area, but the care area triggered may or may not represent a condition that the care plan should address. The interdisciplinary team members should clearly document what information from the assessment led to their care planning decision to provide or not provide RNS.

The Group 2 EHR review indicated that 132 of the 189 residents (70 percent) did not receive RNS during the 30 days prior to the time of the EHR review. Of these, clinicians did not document the reason the resident was not receiving RNS for 21 residents (16 percent) and did not document other activities to promote the resident's functional status for 41 residents (31 percent).

We recommended that for residents who may be candidates for RNS, the interdisciplinary team documents the reason the resident is not receiving the services or other activities to promote functional status.

Issue 2: Care Plan Development and Implementation

The JC requires a written plan based on data gathered during assessment that identifies care needs and treatment goals, describes the strategy for meeting those needs and goals, outlines the criteria for terminating any interventions, and documents progress toward meeting the plan's objectives. The JC also requires medical record documentation of nursing care provided based on the interdisciplinary care plan.

We reviewed each Group 1 resident's care plan to determine whether restorative nursing goals related to passive and active ROM, bed mobility, transfer, and/or walking were included. We also obtained from the care plan the interdisciplinary team's planned interventions to accomplish the goals. We determined whether restorative nursing employees provided planned interventions, and if interventions were not completed, we sought documented reasons. For example, employees may have been unable to complete a planned intervention because of the resident's condition, refusal, or other treatment obligation such as a planned procedure.

Eight of 76 applicable residents (11 percent) in Group 1 who were receiving or supposed to receive transfer RNS did not have transfer goals in their care plans. For 102 of the applicable 390 residents (26 percent), employees did not consistently provide

RNS⁵ in accordance with the resident's care plan and/or consistently document when they did provide services. (Three residents had received RNS, but no goals were documented on the care plans.) Employees did not document a reason why they did not provide services for 87 residents.

We recommended that for residents receiving or supposed to receive RNS, the interdisciplinary team documents goals in their care plans and that nursing employees provide and document services in accordance with the care plan, and if they do not provide the services, they document the reason.

Issue 3: Documentation and Care Plan Reassessment

The JC requires that nursing employees document a summary of the resident's condition in the interdisciplinary care plan. The summary must include the status of nursing goals. Employees need to document in a way that contributes to communication of a resident's problems, monitors their ongoing condition, and records treatment and response to treatment.

Forty-four of the 45 facilities (98 percent) that offered RNS had local policies regarding documentation. Facilities required employees to document summary notes at regular intervals, and we assessed compliance. We also determined whether notes reflected resident progress toward restorative nursing goals. For those residents not meeting goals, we determined whether employees reassessed the resident care plan and/or revised goals and interventions.

For Group 1, EHR reviews revealed that employees did not consistently complete required summary notes for 88 of 385 applicable residents (23 percent). (For eight residents, insufficient time had passed for employees to complete the initial summary note.) Of the 87 EHRs that showed the resident was not progressing toward restorative nursing goals, 61 (70 percent) did not contain documentation that employees reassessed the care plan and/or modified interventions and goals.

RNS ensures that each resident maintains his or her maximum functional capacity as outlined in the care plan. Upon discharge from therapy, a therapist develops a restorative care plan for nursing employees to administer. The JC requires facilities to establish a process for hand-off communication between employees of such information as care, treatment, and further services required. We reviewed the EHRs of Group 1 residents discharged from Physical Medicine and Rehabilitation therapy services⁶ during the previous 6 months from the date of the EHR review. We determined whether the therapist documented hand-off communication. Additionally, for those not receiving RNS after discharge from therapy, we evaluated the EHR to determine whether employees documented a reason for not referring to RNS.

⁵ We considered services to be provided if the care planned interventions were documented more than 50 percent of the time.

⁶ Includes physical therapy, occupational therapy, and/or kinesiotherapy.

Of the 89 residents who received RNS after discharge from therapy, 17 EHRs (19 percent) did not contain evidence of hand-off communication between the therapist and nursing employees responsible for continuing interventions. Of the 12 residents who did not receive RNS after discharge from therapy, three EHRs (25 percent) did not contain documentation indicating why RNS were not ordered.

We recommended that employees complete required restorative summary notes and that the Associate Chief Nurse or designee monitor compliance. We also recommended that for residents not progressing toward restorative goals, the interdisciplinary team reassess the resident care plan and/or adjust goals and interventions. Additionally, we recommended that facility managers ensure that Physical Medicine and Rehabilitation therapists discharging residents from therapy document hand-off communication with nursing employees to ensure interventions continue or are discontinued, as applicable.

Issue 4: Nursing Employee Training for Restorative Care

The JC requires that employees participate in education and training specific to the needs of the facility's patient population and that these activities are documented. CMS requires that facilities train nursing employees in the restorative nursing program techniques that promote resident involvement.

We reviewed nursing employee training on ROM and transfer techniques. Of the 360 nursing employee training records reviewed, 47 (13 percent) did not contain documentation of ROM training, and 49 (14 percent) did not contain documentation of transfer training.

We recommended that facility managers provide and document nursing employee training on ROM and transfers.

Conclusions

We noted high compliance with VHA policy, the CMS, and JC standards in many areas, including provision of assistive eating devices to residents during meals and selected dining service requirements such as timeliness of tray setup, dining atmosphere, and honoring resident preference.

We identified opportunities for improvement in the CAA process and care plan development, implementation, and reassessment. Facilities needed to improve documentation of reasons residents were not receiving RNS or other activities to promote functional status, care plan goals, provision of RNS, summary notes, and hand-off communication. Finally, facilities needed to provide and document employee training on ROM and transfer techniques.

Recommendations

1. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that for residents who may be candidates for restorative nursing services, the interdisciplinary team documents the reason the resident is not receiving the services or other activities to promote functional status.
2. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that for residents receiving or supposed to receive restorative nursing services, the interdisciplinary team documents goals in their care plans.
3. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that nursing employees provide and document restorative nursing services in accordance with the care plan, and if they do not provide the services, they document the reason.
4. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that employees complete required restorative summary notes and that the Associate Chief Nurse or designee monitors compliance.
5. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that for residents not progressing toward restorative goals, the interdisciplinary team reassesses the resident care plan and/or adjusts goals and interventions as necessary.
6. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that Physical Medicine and Rehabilitation therapists discharging residents from therapy document hand-off communication with nursing employees to ensure interventions continue or are discontinued, as applicable.
7. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facility managers provide and document nursing employee training on range of motion and transfers.

Interim Under Secretary for Health Comments

**Department of
Veterans Affairs**

Memorandum

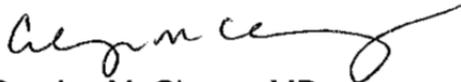
Date: May 14, 2015

From: Interim Under Secretary for Health (10)

Subject: **Office of Inspector General (OIG) Draft Report, Combined Assessment Program (CAP) Summary Report: Evaluation of Selected Requirements in Veterans Health Administration (VHA) Community Living Centers (2015-01721-HI-0565) (VAIQ 7585351)**

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review the draft OIG CAP Summary Report: Evaluation of Community Living Centers in VHA Facilities.
2. I concur with the report and the recommendations. Attached is VHA's corrective action plan for recommendations 1 through 7.
3. Should you have any questions, please contact Karen M. Rasmussen, MD, Director, Management Review Service (10AR) at VHA10ARMRS2@va.gov.



Carolyn M. Clancy, MD

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

CAP Summary Report – Evaluation of Selected Requirements in VHA Community Living Centers

Date of Draft Report: March 19, 2015

Recommendations/ Actions	Status	Completion Date
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OIG Recommendations

Recommendation 1. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that for residents who may be candidates for restorative nursing services, the interdisciplinary team documents the reason the resident is not receiving the services or other activities to promote functional status.

VHA Comments: Concur

The Geriatrics and Extended Care (GEC) in collaboration with the Office of the Deputy Under Secretary for Health for Operations and Management (DUSHOM) will implement a standardized process for facility and Veteran Integrated Service Network (VISN) Directors to assess and report local compliance with requirements identified in recommendations 1–7.

The standardized process for assessing and reporting on local compliance will include the following elements:

1. GEC will conduct a series of information calls for VISN and VA Medical Center leaders (VAMC) that clarify requirements underlying recommendations 1–7 of this report. The calls will also introduce the audit tool, explain usage of the tool, explain reporting requirements, and provide GEC point of contact for technical assistance.
2. GEC will develop and distribute a VISN and facility focused standardized audit tool to assess compliance with standards identified in recommendations 1–7 of this report. GEC will provide the Office of the DUSHOM with a memorandum for distribution to VISNs and facilities that directs them on the purpose, use of, access to, and reporting requirements for the standardized audit tool.

GEC in collaboration with the Office of the DUSHOM will provide direction to VISN and facility Directors on the requirements to complete this action plan. The DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with these recommendations. The DUSHOM will require VISN directors to ensure facilities have local processes in place to report compliance to GEC.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance with recommendations 1–7. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this documentation standard are submitted to facility Quality Management for additional action as needed.

Actions to address this recommendation are:

VHA requires 90 percent compliance with the requirement to ensure that for residents who may be candidates for restorative nursing services, the interdisciplinary team documents the reason the resident is not receiving the services or other activities to promote functional status. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities conduct quarterly record reviews of a representative sample of records of residents who appear to be candidates for restorative nursing services but not receiving them. The record reviews will assess for documentation of reasons the residents who appear to be candidates for restorative nursing services are not receiving them or that there is documentation of other activities provided to promote residents' functional status. Record reviews will continue until 90 percent compliance is met for the quarter.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance. Through DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this documentation standard are submitted to facility Quality Management for additional action as needed. To complete this action, GEC will provide the following documentation:

1. The written presentation materials, the call titles, and the dates calls were held.
2. The audit tool.
3. The distributed memorandum from the DUSHOM.
4. VISN Attestation results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.

Status:
In Process

Target Completion Date:
June 2016

Recommendation 2. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that for residents receiving or supposed to receive restorative nursing services, the interdisciplinary team documents goals in their care plans.

VHA Comments: Concur

Actions to address this recommendation are:

VHA requires 90 percent compliance with the requirement that the interdisciplinary team document restorative nursing service goals in the resident's care plan. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities conduct quarterly record reviews of a representative sample of records of residents that are receiving restorative nursing services until 90 percent compliance is met for the quarter. The record reviews will assess for documentation of goals in the care plan.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance. Through DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this documentation standard are submitted to facility Quality Management for additional action as needed.

To complete this action, GEC will provide the following documentation:

1. VISN reporting that demonstrates 90 percent of records reviewed at each facility contain required documentation.
2. VISN Attestation results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.

Status:
In Process

Target Completion Date:
June 2016

Recommendation 3. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that nursing employees provide and document restorative nursing services in accordance with the care plan, and if they do not provide the services, they document the reason.

VHA Comments: Concur

Actions to address this recommendation are:

VHA requires 90 percent compliance with the requirement that nursing employees provide and document restorative nursing services in accordance with the care plan, and if they do not provide the services, they document the reason. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities conduct quarterly record reviews of a representative sample of records of residents that are receiving restorative nursing services until 90 percent compliance is met for the quarter.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this documentation standard are submitted to facility Quality Management for additional action as needed.

To complete this action, GEC will provide the following documentation:

1. VISN reporting that demonstrates 90 percent of records reviewed at each facility contain required documentation.
2. VISN Attestation results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.

Status:
In Process

Target Completion Date:
June 2016

Recommendation 4. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that employees complete required restorative summary notes and that the Associate Chief Nurse or designee monitors compliance.

VHA Comments: Concur

Actions to address this recommendation are:

VHA requires 90 percent compliance with the requirement that that employees complete required restorative summary notes. To accomplish this, the following process will be used.

1. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities conduct quarterly record reviews of a representative sample of records of residents that are receiving restorative services to ensure that restorative summary notes are completed until 90 percent compliance is met for the quarter. The record reviews will assess for documentation of goals in the care plan.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this documentation standard are submitted to facility Quality Management for additional action as needed.

To complete this action, GEC will provide the following documentation:

1. VISN reporting that demonstrates 90 percent of records reviewed at each facility contain required documentation.

2. VISN Attestation results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.

Status:
In Process

Target Completion Date:
June 2016

Recommendation 5. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that for residents not progressing toward restorative goals, the interdisciplinary team reassesses the resident care plan and/or adjusts goals and interventions as necessary.

VHA Comments: Concur

Actions to address this recommendation are:

VHA requires 90 percent compliance with the requirement that nursing employees provide and document restorative nursing services in accordance with the care plan, and for residents not progressing toward restorative goals, the interdisciplinary team reassesses the resident care plan and/or adjusts goals and interventions as necessary. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities conduct quarterly record reviews of a representative sample of records of residents that are receiving restorative nursing services until 90 percent compliance is met for the quarter. The record reviews will assess for documentation of goals in the care plan.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance. Through the Office of the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this documentation standard are submitted to facility Quality Management for additional action as needed.

To complete this action, GEC will provide the following documentation:

1. VISN reporting that demonstrates 90 percent of records reviewed at each facility contain required documentation.
2. VISN Attestation results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.

Status:
In Process

Target Completion Date:
June 2016

Recommendation 6. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that Physical Medicine and Rehabilitation therapists discharging residents from therapy document hand-off communication with nursing employees to ensure interventions continue or are discontinued, as applicable.

VHA Comments: Concur

Actions to address this recommendation are:

VHA requires 90 percent compliance with the requirement that Physical Medicine and Rehabilitation therapists discharging residents from therapy document hand-off communication with nursing employees to ensure interventions continue or are discontinued, as applicable. Through the Office of the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities conduct quarterly record reviews of a representative sample of records of residents that are receiving restorative nursing services until 90 percent compliance is met for the quarter. The record reviews will assess for documentation of goals in the care plan.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance. Through the Office of the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this documentation standard are submitted to facility Quality Management for additional action as needed.

To complete this action, GEC will provide the following documentation:

1. VISN reporting that demonstrates 90 percent of records reviewed at each facility contain required documentation.
2. VISN Attestation results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.

Status:
In Process

Target Completion Date:
June 2016

Recommendation 7. We recommended that the Interim Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facility managers provide and document nursing employee training on range of motion and transfers.

VHA Comments: Concur

VHA requires 100 percent compliance with the requirement that Physical Medicine and Rehabilitation and Nursing collaborate to develop a competency and provide training on range of motion and transfers to all Community Living Centers (CLC) nursing employees. Through the DUSHOM, GEC will release a memorandum requiring VISN

Directors to ensure that facility Physical Medicine and Rehabilitation and Nursing collaborate to develop a competency and provide training for all current CLC nursing employees on range of motion and transfers to all CLC nursing employees. A process will also be developed to incorporate this training into new employee orientation.

VHA requires 100 percent compliance with the requirement that a process is developed for facility managers to monitor compliance. Through the DUSHOM, GEC will release a memorandum requiring VISN Directors to ensure facilities develop a process for facility managers to monitor compliance. GEC recommends reports from monitoring of compliance with this training are submitted to facility Quality Management for additional action as needed.

To complete this action, GEC will provide the following documentation:

1. VISN reporting that demonstrates 100 percent of nursing employees receive training in range of motion and transfers.
2. VISN Attestation results demonstrating that 100 percent of facilities have documented training, have implemented a process to incorporate this training into new employee orientation and how compliance will occur and how it will be reported at the local level.

Status:
In Process

Target Completion Date:
October 2015

Office of Inspector General Contact and Staff Acknowledgments

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